



Public Health  
Advisory Commission  
of Alexandria, VA

---

**PUBLIC HEALTH ADVISORY COMMISSION**  
**Thursday, May 18, 2023**  
**5:30 – 7:00 p.m.**  
**Alexandria Health Department**  
**Hybrid at 4850 Mark Center Drive and Zoom**

- I. Establishment of Quorum
- II. Approval of the April 2023 minutes
- III. Gun Safety and Gun Violence w/ Guest Speakers from APD
- IV. Flora K. Casey Award- Updates
- V. Health Department Updates
  - a. Standing Item- Local Administration Updates
- VI. Announcements
- VII. Public Comments
- VIII. Adjournment

Commission Members	
<input type="checkbox"/>	<i>Chair</i> <b>Andrew Romero</b>
<input type="checkbox"/>	<b>Dr. Michael Trahos</b>
<input type="checkbox"/>	<b>Richard Merritt</b>
<input type="checkbox"/>	<b>JeanAnn Mayhan</b>
<input type="checkbox"/>	<b>Lisa Chimento</b>
<input type="checkbox"/>	<b>Anita McClendon</b>
<input type="checkbox"/>	<b>Sylvia Jones</b>
<input type="checkbox"/>	<b>Dr. Jessica Hill</b>
<input type="checkbox"/>	<b>Patricia Rodgers</b>
<input type="checkbox"/>	<b>Jerome Cordts</b>
<input type="checkbox"/>	<b>Julie Stahlhut</b>
<input type="checkbox"/>	<b>Melissa Riddy</b>
Alexandria Health Dept. Staff	
<input type="checkbox"/>	<b>Natalie Talis,</b> Population Health Mgr.
<input type="checkbox"/>	<b>Dr. David Rose</b> Health Director
<input type="checkbox"/>	<b>Casey Colzani</b> Executive Secretary, Staff Liaison



Public Health  
Advisory Commission  
of Alexandria, VA

---

**Minutes of the Thursday, January 19, 2023  
PHAC Meeting  
5:30 – 7:00 p.m.  
Hybrid 4480 King Street and via Zoom  
Alexandria Health Department**

<b>Present- In Person</b>	Vice-Chair - Lisa Chimento (LC), Richard Merritt (RM), Anita McClendon (AM), Sylvia Jones (SJ) Jerome Cordts (JC) Julie Stahlhut (JS) Dr. Jessica Hill (JH), JeanAnne Mayhan (JM)
<b>Virtual</b>	Dr. Michael Trahos (MT), Melissa Riddy (MR), Patricia Rodgers (PR)
<b>Absent (Excused)</b>	Andrew Romero (AR),
<b>Absent (Unexcused)</b>	
<b>AHD Representatives</b>	Casey Colzani (CC), Dr. David Rose (DR) Natalie Talis, (NT)
<b>Guests</b>	

**I. Establishment of a Quorum**

- Meeting called to order at 5:35 pm by Vice-Chair Lisa Chimento (LC) role taken.

**II. Approval of the April 2023 Minutes**

- Anita McClendon(AM) motioned to approve April 2023 minutes, JeanAnne Mayhan (JM) Second. No discussion, All in favor, motion passed.

**III. Flora K. Casey Award**

- Richard Merritt (RM) proposed bringing this award back. 2020 was the last award given. Proposed presenting the 2023 award in the fall.
- Some concerns about the process were raised due to low nominations in the past five years. Group agreed that the commission should review nomination requirements and promotion of the award.
- Jerome Cordts (JC), Melissa Riddy (MR) and RM will work on the revitalization of the award and will present at the next meeting.

#### **IV. Updates from the Chair/Vice-Chair**

- LC provided brief updates. City Budget – Public comment will be closing soon.
- Regular CHIP Updates will resume in June

#### **V. Health Department Updates**

- Dr. Rose presented on City Budget- goals were to reinforce clinical services, environmental health, and COVID recovery. Including administrative support for the Teen Wellness Clinic, as well as a provider for the new Mini Howard Campus when it is complete. AHD and DCSH will be co-located at that location to provide additional services to families in Alexandria.
- Three-year temporary funding for a Health Equity Program manager- this person will help lead programs like ALXBreathes and focus on chronic disease and their burden on our community. This position will also manage the Community Health Workers.
- Commissioners asked about the burden of Long COVID, currently not enough data to provide more insight.
- Two more add/delete sessions and then the final acceptance of the budget in the first week of May.
- AHD continues to review/edit Strategic Plan 2019-2022 in preparation for years going forward. Will present to PHAC at a later meeting.
- Unite Us- Used by INOVA and AHD to help connect services for residents. MR requested this be added to future agenda.
- Dr. Rose gave a brief update about Local Administration. VDH has been in contact in preparation for this investigation. More information at the end of May or June.
- NT revisited the last meeting's topic on health data, and how AHD provides that data to the community, partner organizations, and council.
- AHD can provide data support and insight to the commission when the group has topics they might be interested in.
- Prior to 2020 AHD issued regular "State of Health" reports. AHD is currently restructuring reporting measures and schedules- to the council and the public.
- JC asked if AHD is involved in the Safety event associated with ACPS - AHD is not currently involved in this event. Will forward the Gun Safety Resolution that PHAC passed last year.

#### **VI. Announcements**

- JC requested a tour of new AHD location for PHAC at future meeting.

#### **VII. Public Comment**

- No members of the public in attendance.

#### **VIII. Adjournment**

- JM motioned for meeting adjournment, JS second. All in favor, meeting adjourned at 7:00 p.m.

DRAFT

RECOMMENDATIONS

**PROMOTING GUN SAFETY AND SUICIDE PREVENTION  
TO REDUCE GUN VIOLENCE  
IN THE CITY OF ALEXANDRIA VIRGINIA**

Submitted by  
The Alexandria Public Health Advisory Commission

National trends in gun deaths and injuries

- According to the Centers for Disease Control and Prevention, firearm injuries recently surpassed car accidents as the leading cause of death for our nation's children.
- A Johns Hopkins University study found that gunshot wounds put an average of 8,300 U.S. children into the hospital and almost 1,300 children die from gunfire each year.
- Nationally, Black youth are 20 times more likely, and Hispanic youth are 4.4 times more likely, to be shot than White youth at ages 18-24.
- More than two million children live in homes in the U.S. with unsecured guns and 1.7 million children live in homes where guns are both unlocked and loaded. Access to a gun is associated with an increased risk of suicide by children and adolescents.
- Nationwide, 35% of all gun deaths among children and teens are suicides and 60% are homicides.

- With 4 percent of the world's population, the United States has about 44 percent of the world's gun suicides.
- Firearm purchases soared in 2020 and 2021 to their highest levels in half a century, with more than 20 percent of the total gun purchases by first-time gun owners. According to Everytown, the Covid 19 pandemic intensified the gun violence crisis in America, where unintentional shooting deaths by children increased by one-third.
- According to the CDC, more Americans died of gun-related injuries in 2021—a total of 48,830 -- than in any other year on record. That included record numbers of both gun murders and gun suicides.
- The National Center for Education Statistics reported that school shootings in 2020-21 soared to the highest number in two decades.
- On a per capita basis, there were 14.6 gun deaths per 100,000 people in 2021 – the highest rate since the early 1990s.
- Although mass shootings grab the headlines and media attention, the “untold story of gun violence in America” is that the majority of gun deaths, 54 percent, aren't homicides, they're suicides. According to the Giffords Law Center to Prevent Gun Violence, suicide-by-gun makes up most of both gun deaths and overall suicide deaths (over half of each).
- It's estimated that eight-in-ten gun suicide deaths in the U.S. involve white Americans.
- The Gun Violence Archive defines mass shootings as incidents in which four or more people are shot, even if no one was killed. Using this definition, 690 people died in these incidents in 2021 and 647 in 2022.

- Regardless of the definitions being used, fatalities in mass shooting incidents in the U.S. account for a small fraction of all gun murders that occur nationwide each year.
- With only four-and-a-half months in to 2023, the country has witnessed 22 mass shootings, a marked increase over the 9 that occurred over the same period last year, according to a database maintained by Associated Press, USA Today and Northeastern University. (In commenting on this trend, Jocelyn R. Smith Lee, a professor at the University of North Carolina Greensboro who studies gun violence and racial trauma, said the nation is now “wrestling with things that communities of color have been tasked with navigating for centuries.”)

### Major trends within the Commonwealth of Virginia

[Source: Firearm Injuries in Virginia, 2016-2021 data brief and Firearm-Related Deaths among Virginians dashboard, Virginia Department of Health]

- VDH reports there were 6,532 firearm-related deaths in Virginia during 2016-2021, an average of 1,089 deaths each year. Firearm-related homicide deaths increased 21% from 2019 to 2021.
- In 2021 alone, firearm-related deaths resulted in 42,845 years of potential life lost. Firearm-related deaths were stable from 2016 to 2019, but increased 21% from 2019 to 2021.
- Even though a majority of firearm-related deaths in 2016-2021 were White, death counts remained stable over the six-year time period, ranging from 666-714 deaths each year. Firearm-related deaths among Black or African American Virginians were also stable from 2016 to 2019; however, from 2019 to 2021, firearm-related deaths increased 80%. (265 in 2019 to 476 in 2021) [emphasis added]\*

\*VDH comment: “Further analysis is needed to determine the cause of the increase, but recent research suggests that disproportionate health and economic impacts of the COVID-19 pandemic among Black and African American communities may be a contributing factor.” (References to an article in *MMWR Morb Mortal Wkly Rep.* titled, Vital Signs: Changes in Firearm Homicide and Suicide Rates- United States, 2019-2020. By Kegler SR, Simon TR, Zwald ML, et al.

- 83% of firearm-related deaths among White Virginians were by suicide, while a majority of firearm-related deaths among Black or African American Virginians were by homicide (76%). Firearm-related deaths for Hispanic or Latino Virginians were split almost evenly at 49% for suicide and 48% for homicide.
- Between 2017 and March 2023, VDH recorded 11,187 per 10,000 Emergency Department (ED) visits related to firearm injuries. Of that total Blacks or African Americans accounted for 7,525 per 10,000 ED visits (69%), Whites for 3,258 per 10,000 (29%) and Latino (any race) 404 per 10,000 (3.6%)
- The differential between homicides and suicides is even more pronounced, in Virginia, where over the six -year period 2016-2021 suicides accounted for 62% of gun deaths and homicides 35%. Moreover, an average of 96 children and teens die by guns every year in Virginia, of which 40% of these deaths are suicides and 56% are homicides.

*Mass shootings in the Commonwealth of Virginia include:*

Virginia Tech at Blacksburg (April 16, 2007) – 32 died

Virginia Beach Municipal Center in Virginia Beach (May 31, 2019) – 12 died

University of Virginia in Charlottesville (November 13, 2022) – 3 died

At a Walmart in Chesapeake (November 22, 2022) – 6 died

## Bringing the data closer to home: the Alexandria experience

At a recent legislative City Council meeting in March, the Alexandria Police Department's 2022 review revealed that gun violence cases doubled in the City over the previous three years from 76 reported cases to 152, despite the fact that violent crime as a whole fell by 12 percent.

According to the crime statistics, there were two homicides reported in 2019, compared to six in 2022. Robberies also increased, from 82 in 2019 to 108 reported cases in 2022.

A Shots Fired Heat Map breaks down calls received in the city for "shots fired" that were serviced from Jan.1. 2018 to Feb. 2, 2023. The detailed heat map shows that the densest concentration of calls were in the North Fayette/North Patrick part of the Parker-Gray neighborhood, though the most calls were diffused throughout the city's West End.

## Major challenges and opportunities to reduce gun violence and promote gun safety in Virginia and in the City of Alexandria.

On June 23, 2022, the U.S. Supreme Court ruled in *New York State Rifle and Pistol Association v. Bruen* that New York's gun safety law requiring a license to carry concealed weapons in public places is unconstitutional. Justice Stephen Breyer in his dissenting opinion emphasized that "*the consequences of gun violence are borne disproportionately by communities of color, and Black communities in particular.*"

On May 11, 2023 a federal judge in Virginia declared unconstitutional a set of laws and regulations that prohibit federally licensed firearm dealers from selling handguns to 18-to-20-year-olds, finding that the measures violated the Second Amendment. Gun control advocates argue that if the decision is allowed to stand, it would significantly increase access to firearms for a population research shows is responsible for a disproportionate number of fatal shootings.



On June 26, 2022 President Biden signed into law the Bipartisan Safer Communities Act, following passage by the House and Senate. The package includes \$750 million to help states implement and run crisis intervention programs, which can be used to manage red flag programs, as well as for other crisis intervention programs such as mental health, drug and veteran courts. The legislation encourages states to include juvenile records in the National Instant Criminal Background Check System, which would provide a more comprehensive background check for people between 18 and 21 who want to buy guns. It further requires more individuals who sell guns as primary sources of income to register as Federally Licensed Firearm Dealers, who are required to administer background checks before they sell a gun to someone. Finally, the law bars guns from anyone convicted of a domestic violence crime who has a “continuing serious relationship of a romantic or intimate nature.” The law, however, allows those convicted of misdemeanor domestic violence crimes to restore their gun rights after five years if they haven’t committed other crimes.

\*\*\*\*\*

The City of Alexandria's ability to restrict gun ownership and reduce gun violence is severely limited by state authority. Nevertheless, the City was one of the first jurisdictions in Virginia to act under new authority granted by the 2019 General Assembly to promote gun safety and prevent gun violence by unanimously passing an ordinance prohibiting firearms and ammunition in city-owned facilities, parks, recreation centers, and areas requiring special event permits.

Recent events, however, especially those involving minors, as well as local and national data related to gun ownership and gun-related violence, particularly the spike in mass shootings, a Supreme Court decision that sanctifies "open carry" of firearms and a very recent Federal Judge's ruling, which if allowed to stand, portends a proliferation in handguns for 18-to-20 year olds, strongly suggest that additional actions are warranted to advance public safety.

As for the immediate future, efforts to further expand local responsibility, authority and accountability for gun safety in the City of Alexandria are likely to go nowhere in Richmond, as long as the governorship and the House of Delegates are controlled by Republicans. Nor can there be serious expectations of action at the federal level as long as there is divided government.

The following recommendations, therefore, are intended to identify policy and program initiatives aimed at reducing the risk of gun violence, intentional or unintentional, and suicides by firearms that are within the City's existing authority to pursue.

***THE ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION  
STRONGLY URGES THE CITY COUNCIL TO DECLARE GUN VIOLENCE  
AND SUICIDE BY FIREARM A PUBLIC HEALTH CRISIS. \*\****

***\*\* In June 2022 the Alexandria City School Board in a Resolution Against Gun Violence called on the U.S. Congress and the Virginia General Assembly to declare gun violence a public health crisis and increase education efforts regarding gun ownership, signs to potential gun violence and ASKING SAVES KIDS (ASK) efforts.***

***THE COMMISSION URGES COUNCIL'S ATTENTION TO THE FOLLOWING RECOMMENDATIONS IN PURSUIT OF A COMMUNITY CHARACTERIZED BY RESPONSIBLE GUN OWNERSHIP AND GUN SAFETY.***

***(1) Distribute free gun locks and educational materials to all interested gun owners;***

***"Owning a gun is a personal decision, but secure storage is a public health and safety issue."***

There are an estimated 265 million civilian-owned firearms in the U.S., and more than one-third of homes contain at least one gun. Gun owners can make our homes and communities safer by storing their firearms unloaded and locked, with ammunition kept in a separate place, to prevent access by children and other people who are at risk of harming themselves or others. Research clearly shows that such storage practices can play a vital role in reducing the risk of gun violence, particularly among children, due to unintentional shootings and gun suicides.

Every year, nearly 350 children under the age of 18 unintentionally shoot themselves or someone else. That's roughly one unintentional shooting per day, and 70 percent of these incidents take place inside the home.

In incidents of gun violence on school grounds, up to 80 percent of shooters under the age of 18 obtained their guns from their home, or from a friend or a relative's home.

Although millions of responsible gun owners follow recommended storage practices, an estimated 54 percent do not lock all their guns, let alone store them unloaded, locked, and separate from ammunition. Gun owners with children are slightly more likely to lock all of their guns, but an estimated 4.6 million American children live in households with at least one unlocked and loaded firearm.

Actions proposed or underway in the City include:

In a Memorandum (dated October 26, 2022), among the many action items City Manager James Parajon identified to be taken to foster greater gun safety and a reduction in violence in the city are:

- Gun locks and information flyers pertaining to safe gun ownership present at all Alexandria Sheriff's Office (ASO);
- ASO will continue educating students on proper gun safety practices;
- ASO will continue to provide gun safety education when asked by Parent-Teacher Associations and Civic Associations;
- Clerk of the Circuit Court will ensure the distribution of free trigger and cable locks to those that request it and the distribution of instruction cards in English, Spanish, Amharic and Arabic, as requested, to demonstrate proper use of the gun/cable locks;

**(2) Encourage healthcare providers, especially primary care providers, pediatricians and family practitioners, to inquire of patients as to whether there is a gun in the home and, if so, if it is locked and stored properly;**

According to a Harvard School of Public Health study, nine of ten people who survive their initial suicide attempts ultimately never die of suicide. These numbers imply that most people who attempt suicide can be helped, and ultimately prevented from committing suicide. However, firearms are much deadlier than any other method for committing suicide – as an estimated 85 percent of individuals who attempt suicide with a gun die. Although suicide-by-gun only represents five percent of all suicide attempts, it accounts for almost half of all suicide deaths.

Researchers indicate that putting “time and space” between a person struggling with suicidal urges and a deadly weapon is critical. Accordingly, red flag laws, mandatory licensure for guns, gun storage safety and messaging are interventions that have gained traction over the past few years.

Some opponents of the physician-patient conversation about guns believe that people with mental illness are the primary source of gun injuries. The best national data suggest that only 3-5% of violent acts

involve mental illness, and most of those acts do not involve guns. Mental illness does however account for a substantial number of gun-related suicides, and suicide accounts for a significant number of annual gun deaths. However, firearm availability in the home is the most significant risk factor for suicide, regardless of mental illness. Because guns are rarely purchased for the purpose of suicide, interventions need to address guns that are already in the home. Physician discussions about depression and rage, which incorporate lethal weapon education, have been shown to decrease suicide rates and future violence.

Hundreds of children in the US every year gain access to firearms and unintentionally shoot themselves or someone else, according to research by Everytown for Gun Safety. In 2022, there were 301 unintentional shootings by children, resulting in 133 deaths and 180 injuries nationally.

The American Academy of Pediatrics, in an updated policy statement in October 2022, stated firearms are now the leading cause of death in children under the age of 24 in the U.S. Consequently, the Academy urges a “multipronged approach with layers of protection focused on harm reduction, which has been successful in decreasing motor vehicle injuries, is essential to decrease firearm injuries and deaths in children and youth.”

The Academy provides free educational modules for pediatricians to guide them on how to have what can be challenging or uncomfortable conversations about firearms with families. “This shouldn’t be considered as something extra: it should be considered as part of the work that we do every day around injury prevention, be it around firearms, child passenger safety and suicide prevention.”, said Dr. Lois Kaye Lee, a pediatrician and chair of the Academy’s Council on Injury, Violence and Poison Prevention.

There is sufficient evidence to support positive effects of physician-initiated gun conversations. One study found that 25-31 % of subjects improved gun storage practices after physician counseling; another showed that 81% of African American patients believe physicians should discuss guns with them; another in a predominately Hispanic

pediatric clinic demonstrated 61.6% improvement in storage practices after counseling.

***(3) Sponsor a public safety campaign encouraging all parents and guardians to pledge to prevent unsupervised child access to guns;***

***(4) Sponsor a voluntary “Proud to be Firearm-Free” campaign whereby restaurants, bar owners and ..... pledge to encourage gun owners to leave their guns behind when patronizing their establishment;***

The campaign should be informed by the very successful voluntary “Proud to be Smoke-Free campaign, sponsored by the Alexandria Health Department a couple of years prior to the enactment by the General Assembly outlawing smoking in bars and restaurants in the City.

***(5) Sponsor a gun buy-back event where gun owners receive financial compensation for a firearm they voluntarily turn in.***

Community involvement in local firearms policy as an important component of efforts to prevent or curtail violence has existed for decades. Examples of local gun buyback programs to decrease voluntarily the prevalence of handguns and other firearms within a community go back to the early 1990s. A 1992 buyback program in Seattle Washington succeeded in collecting 1,172 firearms, however, an evaluation of the program concluded “the effect on decreasing violent crime and reducing firearm mortality is unknown.” Nevertheless, the evaluation went on to add “there are a number of public health implications in this evaluation. Support for this program [for example] was high even among gun owners. The opinion expressed by a majority of the Seattle households surveyed was one of support for a program that might lead to community risk reduction by voluntarily removing unwanted firearms.”

There was a flurry of gun buyback programs around the country shortly following the mass shooting in Newtown, Connecticut Sandy Hook Elementary School on December 14, 2012. That shooting killed twenty students and six adults.

On December 22, 2012 – only 8 days following the shooting at Sandy Hook, Bridgeport, Connecticut hosted its first gun buyback program. On that day the city collected 104 weapons, including several assault weapons, and paid out \$13,400. The following July, Mayor Bill Finch and Police Chief Joseph Gaudett announced the resumption of the gun buyback program for July 18, 2015 at which the City would pay \$200 for a working handgun and \$400 for an assault rifle with no questions asked. *“Every gun that is turned in is one gun that won’t end up on the street in the hands of a criminal or in the hands of a child who could accidentally injure himself or someone else,”* Chief Gaudett said. The mayor added: *“Guns that are purchased as part of this program can never be used to hurt or kill ever again. I strongly believe that this effort has saved lives and has made Bridgeport a safer place for kids and families. Even if this program saved only one life, it is money well spent.”*

Based on the success of the first two programs, the Mayor and Chief of police decided to host a third buyback program on September 19, 2015.

Gun buyback programs may be seeing a comeback as the fervor grows in response to the most recent hike in mass shootings for leaders to “do something” to improve public safety.

In the early days of these programs, as was mentioned, most studies concluded they were not effective in reducing violent crime. Significantly, in 2015, Garen Wintemute, who led the Violence Prevention Research Program at the University of California Davis Medical Center for more than 25 years, and was the author of some of those studies, said he regrets the fact that he and his peers wrote off buybacks a decade ago. Wintemute added, *“[Buybacks] have intangible value that we have really been underestimating. They never will reduce rates of violent crime, but that may have been the wrong parameter to look at.... As part of a larger discussion about public safety [and public health],”* Wintemute wrote, *“buybacks may play an important role in*

*mobilizing a community to examine gun control.....While buybacks might take no more than 1 or 2 percent of the guns out of a given community, they still provide a means of taking action. I have always said that symbolic impact is important, but now in the wake of Newtown I think that's even more true."* Other experts have added that gun buybacks can promote elevated public awareness about gun violence and gun safety and may prevent suicides and accidental shootings.

A very recent study by the RAND Corporation on gun buyback programs gives credence to Wintemute's observations of a decade ago. In the Reports' Summary one reads: *"The primary goal of gun buyback programs is to prevent firearm violence by reducing the stock of firearms in a community. **Gun buybacks can also serve as venues for raising awareness of the risks associated with firearms, educating participants about safer firearm storage, and connecting violence prevention organizations, all for which could potentially lead to reductions in firearm crimes, injuries, or deaths.**"* [Emphasis added]. *The empirical evidence regarding the effectiveness of buyback programs is limited and mixed at best. However meaningful effects could go undetected because only a tiny fraction of guns in a community is turned in at buyback events. Regardless, buyback programs continue to garner considerable public support and continue to be implemented in many communities."* (See "Gun Buyback Programs in the United States" by Amanda Charbonneau, January 10, 2023, RAND Corporation)

It's worth mentioning that almost six years after its third buyback program in 2015, the Bridgeport Police Department partnered with the Council of Churches of Greater Bridgeport and *Swords to Plowshares* to host a gun buyback event on June 12<sup>th</sup>, 2021. The event was hosted in recognition of NATIONAL GUN VIOLENCE AWARENESS MONTH.

\*\*\*\*\*



For further ideas and strategies for reducing firearm injuries and deaths, Council should take a close look at the final paragraph (p. 9) of VDH's Firearm Injuries in Virginia, 2016-2021 report. As quoted from p.9:

***Although the data in this report cannot answer the question of why firearm injuries continue to occur, previous research has identified a range of factors that may contribute to this issue of public health importance. Factors include social and economic stressors, mental health challenges, easy access to firearms, alcohol and substance use, high-conflict or violent relationships, social isolation, systemic racism, and community-level economic inequality, unemployment, and poverty. Addressing these risk factors and systemic inequities together as a team – including state and local governments, healthcare and service providers, community partners, neighbors, and friends and family – can reduce and prevent firearm injuries in Virginia.***

**Flora Krause Casey Award  
Planning Discussion**

Alexandria Public Health Advisory Commission  
May 18, 2023



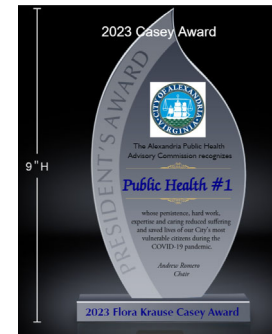


## Things to Do...

- ☐ **Gain PHAC agreement on plan (May)**
  - ☐ Selection criteria
  - ☐ Nomination form
  - ☐ Costs / budget
  - ☐ Selection sub-committee
  - ☐ Timeline
  - ☐ Co-sponsor(s)
- ☐ **Coordinate Logistics (June-August)**
  - ☐ Choose date, location and time
  - ☐ Enlist communications support
  - ☐ Draft announcements
  - ☐ Prepare resolution, trophy/plaque
  - ☐ Plan reception/refreshments
  - ☐ Set up program and presenters
  - ☐ Confirm invitations
- ☐ **Select Winner(s) (September)**
  - ☐ APHAC vote during September (?) meeting
  - ☐ Arrange post-selection meeting with winner(s)
  - ☐ Distribute announcement via media
- ☐ **Convene Award Ceremony (October)**

# FLORA KRAUSE CASEY PUBLIC HEALTH AWARD

- Purpose
- Background
- Eligibility Criteria
- How to Make a Nomination
- Nomination Process



Yellow = possible new text?

## Purpose

The Flora Casey Public Health Award recognizes any individual or organization who has furthered the health of the Alexandria community. The award is given in honor of Flora Krause Casey, whose life work improved the health of Alexandria's most needy and vulnerable residents. The Alexandria Public Health Advisory Commission and Alexandria Health Department sponsor this award annually.

## Background

Flora Krause Casey (1904-1991) was a longtime resident of Alexandria and a dedicated advocate for the health of disadvantaged persons. In the late 1930s, Mrs. Casey assumed responsibility for a clinic that the Kiwanis Club formed to provide pre-camp physical exams. After two years of providing those services, it was apparent that families of lesser means needed access to medical services and a comprehensive clinic to provide that kind of care. Mrs. Casey fostered this clinic's growth as the community needs expanded. She was especially gifted at generating volunteer support and raising funds. It is in her honor that the Public Health Advisory Commission and Health Department continue her legacy by seeking and recognizing other individuals of like purpose, devotion, community advocacy, and leadership.

# Eligibility Criteria

## Note

Need to confirm criteria and be sure they sync with the nomination form. They don't now.

Individuals **or organizations** who exemplify the legacy of Flora Krause Casey and who themselves have made a significant impact on Alexandrians' public health and well-being (physical, behavioral, mental, and oral health) are eligible. Nominees will be eligible if they fit into one of the following five criteria:

1. An individual/**organization** whose efforts have improved the health and quality of life of Alexandrians;
2. An individual/**organization** whose dedication to public service has helped prevent disease, promote healthy lifestyles, improve access to health services, and/or ensure appropriate health care for vulnerable Alexandrians;
3. An individual/**organization** whose work has improved the health of vulnerable and underserved Alexandria residents;
4. An individual/**organization** whose efforts have helped to address the **non-health factors** contributing to overall well-being (poverty, transportation, housing, education, etc.);
5. An individual/**organization** whose efforts have helped to reduce health disparities.

*(Members of the Commission are not eligible for the award.)*

# How to Make a Nomination

## Note

Commission needs to agree on a) 1 or 2 letters, and b) emphasis on volunteerism.

Complete the **Nomination Form** application process, including **at least one** ~~two~~ supporting letters.

In the supporting letter(s), please provide examples of how the nominee met one or more of the

listed criteria. **If the nominee is an employee of a group or organization, describe his/her**

**accomplishments beyond areas of paid responsibilities or usual duties.**

## Note

This form would be updated with new AHD contact information, any refinement to criteria, and changes to nomination procedures.

# Nomination Form

## Flora Krause Casey Public Health Award Nomination Form

A complete nomination will consist of the following pieces of information:

- This nomination form, with each step completed;
- At least two (2) supporting letters, one (1) nominator letter and one (1) additional support letter. See details below.
- Submitting these items either through email ([Casey.Colzani@vdh.virginia.gov](mailto:Casey.Colzani@vdh.virginia.gov)) or fax (703.845.1397) or US mail to Casey Health Award Nominations, Alexandria Health Department, Suite 415, 4480 King Street, Alexandria, VA 22302

STEP 1	Nominator's Name: _____
	Address: _____
	Phone: _____
	FAX or E-mail: _____
	Relationship to Nominee: _____
STEP 2	Nominee's Name: _____
	Address: _____
	Phone: _____
	FAX or E-mail: _____
STEP 3	<b>Award Criteria:</b> Please check one or more criteria that apply to this nominee.
	<input type="checkbox"/> This nominee's public health efforts have improved the quality of life of Alexandrians
	<input type="checkbox"/> This nominee's long-time dedication to public service has helped prevent disease, promote healthy lifestyles, improve access to health services, and/or assure appropriate health care for vulnerable Alexandrians
	<input type="checkbox"/> This nominee's work has improved the health of medically needy Alexandria citizens.
STEP 4	<b>Letters of Support:</b> At least two (2) supporting letters are required for a complete nomination:
	<input type="checkbox"/> <u>Nominator letter and one (1) additional supporting letters</u> - about 250 words describing nominee's merits for the award. Please indicate examples of how the nominee has made a significant impact on Alexandrians' public health and well-being, as well as fostered an improved quality of life for the community through his or her volunteer efforts. If the nominee is an employee of a group or an organization, <u>describe their accomplishments beyond areas of paid responsibility or usual duties.</u> <input type="checkbox"/> In addition, if you could provide a <u>resume</u> with references from current and previous employers, that will assist us in the selection process. Optional: Additional letters and other supporting information may be submitted and will be reviewed at the discretion of the Commission.

See Reverse Side

## 2020 Flora Krause Casey Public Health Award Nomination Form

### Background:

Flora Krause Casey (1904-1991) was a longtime resident of Alexandria and a dedicated advocate for the health of disadvantaged persons. In the late 1930s, Mrs. Casey assumed responsibility for a clinic that the Kiwanis Club formed to provide pre-camp physical exams. After two years of providing those services, it was apparent that families of lesser means needed to medical services and a comprehensive clinic to provide that kind of care. Mrs. Casey fostered this clinic's growth as the community needs expanded. She was especially gifted at generating volunteer support and raising funds. It is in her honor that the Public Health Advisory Commission and Health Department continue her legacy by seeking and recognizing other individuals of like purpose, devotion, community advocacy, and leadership.

### Past Recipients & Affiliations:

1992 (late) Thistle McKee, MD (Salvation Army)  
 1993 (late) Filiberto Vargas, MD (Alexandria Hospital)  
 1994 NO AWARD  
 1995 Dorris Taylor, RN (Alexandria Mental Health Center)  
 1996 NO AWARD  
 1997 Drs. Chalmers Loughridge, John McDade, (late) James Mills and (late) William Weaver, Jr. (all of Alexandria Hospital)  
 1998 Steve Meyerson (Alexandria Hospital)  
 1999 Joshua Lipsman, MD (Alexandria Health Department)  
 2000 Harold Payne (Alexandria Lions Club)  
 2001 NO AWARD  
 2002 Brent T. Minor (Alexandria Commission on HIV/AIDS), and Roger Pollard (American Red Cross - Alexandria)  
 2003 Mrs. Justine Carter (Alexandria Health Department) and Dr. Roger Chinery (Inova Alexandria Hospital)  
 2004 Stefanie Reponen (Alexandria Commission on Aging)  
 2005 Enda Ryan, MD (Alexandria Health Department)  
 2006 NO AWARD  
 2007 Stephen E. Hart (ANHSI), and Drs. S. James Dispenza, Colin S. Walters, Thomas E. Burns, and Jennifer L. Kilmer (Inova Alexandria Hospital)  
 2008 Dr. Robert K. Wineland (Carpenter's Shelter)  
 2009 Dee Moellering (Arlandria Health Center) and Robin Wallin (Alexandria City Public Schools)  
 2010 Anne Boston Parish  
 2011 NO AWARD  
 2012 (late) Dr. Robert Anderson  
 2013 Dr. William Rogers  
 2014 Arlene Hewitt  
 2015 Dr. Charles Konigsberg and Althea Huggins  
 2016  
 2017  
 2018 Lisa Clausen, RN  
 2019 Dr. Laurence Clark



# Alexandria PHAC Decision Today

- ☐ Selection criteria
- ☐ Nomination form
- ☐ Costs / budget
- ☐ Selection sub-committee
- ☐ Timeline
- ☐ Co-sponsor(s)

Motion: APHAC will seek nominations for the Flora Krause Casey Award with the goal of honoring an award winner(s) in 2023.

The APHAC Chair would then designate a team (sub-committee) to coordinate and implement the plans.

# Coordinate Logistics

- ☐ Choose date, location and time
- ☐ Enlist communications support
- ☐ Draft announcements
- ☐ Prepare resolution, trophy/plaque
- ☐ Plan reception/refreshments
- ☐ Set up program and presenters
- ☐ Confirm invitations

# Final Stretch

## ☐ **Select Winner(s) (September)**

- ☐ APHAC vote during September (?) meeting
- ☐ Arrange post-selection meeting with winner(s)
- ☐ Distribute announcement via media

## ☐ **Convene Award Ceremony (October)**

Backup

# Past Recipients

1992	(late) Thistle McKee, MD (Salvation Army)
1993	(late) Filiberto Vargas, MD (Alexandria Hospital)
1994	NO AWARD
1995	Dorris Taylor, RN (Alexandria Mental Health Center)
1996	NO AWARD
1997	Drs. Chalmers Loughridge, John McDade, (late) James Mills and (late) William Weaver, Jr. (all of Alexandria Hospital)
1998	Steve Meyerson (Alexandria Hospital)
1999	Joshua Lipsman, MD (Alexandria Health Department)
2000	Harold Payne (Alexandria Lions Club)
2001	NO AWARD
2002	Brent T. Minor (Alexandria Commission on HIV/AIDS), and Roger Pollard (American Red Cross – Alexandria)
2003	Mrs. Justine Carter (Alexandria Health Department) and Dr. Roger Chinery (Inova Alexandria Hospital)
2004	Stefanie Reponen (Alexandria Commission on Aging)
2005	Enda Ryan, MD (Alexandria Health Department)
2006	NO AWARD
2007	Stephen E. Hart (ANHSA), and Drs. S. James Dispenza, Colin S. Walters, Thomas E. Burns, and Jennifer L. Kilmer (Inova Alexandria Hospital)
2008	Dr. Robert K. Wineland (Carpenter's Shelter)
2009	Dee Moellering (Arlandria Health Center) and Robin Wallin (Alexandria City Public Schools)
2010	Anne Boston Parish
2011	NO AWARD
2012	(late) Dr. Robert Anderson
2013	Dr. William Rogers
2014	Arlene Hewitt
2015	Dr. Charles Konigsberg and Althea Huggins
2016	NO AWARD
2017	Lisa Clausen
2018	Dr. Laurence Clark
2019	No Award
2020	Alexandria MRC (Ionela Lutai)

## Note

Need to sync with list on  
back of nomination form.  
They don't now.